ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		1/2	119/61
FORMALITY REVIEW	1M	, '	02/16/01
RESPONSE FORMALITY REVIEW	8/2	781	107:05:01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	IInterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

— (Through numeral) Canceled A					
Claim County Date	Claim D	ite Cla	im Date		
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18 0 0 0	68		119		
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21 V V	71		121		
22 V, J J	72		122		
23 / J J	73		123		
(4)V J V	74		124		
25 / / /	75		125		
26 V, J V	76		126		
27 / 0 /	77		127		
28 /	78 79		128		
29 V V V V	80		130		
31 / 1 /	81		131		
32 1/ 1/ 1	82		132		
33 V, V V	83		133		
34 V, V V	84		134		
35 / / /	85		135		
36	87		137		
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If more than 150 claims or 10 actions staple additional sheet here

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